The Minds of Black Women — Impacts on Mental Health and Well-Being Across Collective Identities and Experience

Research Thesis

Presented in partial fulfillment of the requirements for graduation
with research distinction in Women's, Gender and Sexuality Studies in the undergraduate colleges of The Ohio State University

by

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April 2020

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Abstract

Limited research investigates how structural and institutional barriers affect Black women's mental health. Further, stereotypes and tropes such as the Angry Black Woman and Strong Black Woman are impactful. Black women's proximity to wellness is largely unknown. Within the category of Black woman, there are a myriad of experiences. This research addresses the multiplicative factors that hinder the mental well-being of Black women and uses Black feminist discourse analysis to consider: 1) what are the societal and historical factors that negatively impact Black women's well-being; 2) where are gaps in knowledge and disconnects surrounding Black women and mental health; 3) how do Black women experience care and representation; 4) what does it mean for Black women to be mentally well — collectively and individually? Through critically acknowledging and tending to how intersecting identities are affected, future research, practice and communities can nourish Black women's mental health.

Keywords: African American women, Black trans women, intersectionality, gender, sexuality, gendered racism, mental health, stressors, anxiety and depression

Introduction

There is often a silent struggle that goes unnoticed. It is veiled by an appearance of unwavering strength, endurance, and resilience. In Jenifer Lewis's memoir, an image and caption depict the silent struggle of depression, where Black women in particular are at risk[1]. This silent struggle is common and is not visible in many spaces. There is a mask by which this silent struggle is hidden**.** Another Black woman's narrative shares an experience of wearing a mask, while keeping depressive episodes at bay[2].These appearances, these masks are representatives of expectations and dissemblance[3]. Wearing a mask comes at a cost and may be detrimental to Black women[4].

The well-being of Black women across the globe is at stake. Black women participate in demanding labor while both experiencing and challenging oppressive systems[5]. Due to this work, Black women struggle with their health. The mental health and wellness of Black women is a social issue — that spans across everyday experiences (Spates, 2012, p. 6). It is important to acknowledge that there is no one monolith of being a Black woman[6], which also makes each of their experiences a unique part of the collective (Mock, 2014, p. xii; Henson, 2016, p. 200).

Historically, mental health care and awareness has been framed as cisgender, white, middle class and heterosexual — a mythical norm[7]. Mythical norm pronounces how power induces oppression, due to distortions around difference (Lorde, 1984, p. 116**).** The definition of mental health is centered around this mythical norm. Mental health as defined is "the condition of being sound mentally and emotionally that is characterized by the absence of mental illness and by adequate adjustment especially as reflected in feeling comfortable about oneself, positive feelings about others, and the ability to meet the demands of daily life" (Merriam-Webster, Incorporated, 2020). As a definition, mental health echoes homogeneity labeled as the mythical

norm – “adequate adjustment”, “feeling comfortable about oneself” and “ability” to “meet the demands of daily life” is difficult for those who experience systemic oppression, discrimination, and structural barriers.

Deviance from this mythical norm has been often concluded as being linked to mental inferiority, illness or disorder— take black people and schizophrenia, women and hysteria, trans people and gender dysphoria, as examples[8]. The American Psychological Association’s (APA) DSM-V defines mental disorder as “a syndrome characterized by clinically significant disturbance in an individual’s cognition, emotion regulation, or behavior that reflects a dysfunction in the psychological, biological, or developmental processes underlying mental functioning” (DSM -V, 2013, p. 16). As a result of definitions and sociohistorical factors, the well-being of populations, specifically Black women, is placed in the margins. Inequities and historical restrictions place Black women in a dangerous position.

Black women’s wellness is compromised due to systemic and structural causes (Henson, 2016, p. 144). Depending upon multiplicative identities — age, gender, spirituality, class/SES, and sexuality, gender identity, and LGBTQIA+[9] — experiences and care for Black women differs. Thus, here Black woman as a term will parse out the multitude of variables and factors that impact their lives and maneuverability. In conjunction with identities, different stressors affect Black women as individuals. Multiplicative identities are affected by lack of healthcare access, treatment, and overall well-being. Thus, community and self-practices are ever evolving in order to stray away from unhealthy coping that includes addiction, denial or avoidance (Ward et al, 2009, p. 10; hooks, 2015, pp. 49-56). It is necessary to move beyond current practices and into cultural competence along with intersectional approaches for healthier mental wellness for Black women.

Access and awareness are under a veil of stigma and bias. In connection to the historical placement of unyielding strength and tropes[10], Black women are often left out of the narrative regarding mental health and wellness. Erasure and invisibility within both every day and medical spaces progresses. Often a stereotypical placement of illness linked to certain mental disorders are put on them. When Black women do struggle, internalized stereotypes and biases can lead to unhealthy outcomes. Both internal and external barriers are detrimental to the mental and physical health of Black women. Often mental illness is untreated within black communities, due to stigma and perpetuated barriers.

Research Problem Statement

It is important to critique and analyze the current state of mental health practice and theory in relation to Black women's mental wellness. The historical and current positioning of Black women, surrounding the treatment of mental health and well-being is often misunderstood and ignored. Through a qualitative study, I will engage various approaches to mental health frameworks including but not limited to Black feminist theory, psychotherapy, and community care. Though centered in an U.S. context, I acknowledge that Black women across the globe experience similar struggles. Within the literature of mental health, there are many gaps. Currently, research centering the well-being of Black women is beginning to surface. However, studies bringing attention to Black women beyond a monolith of heterosexual college-educated middle-class is almost nonexistent. In utilizing the data point of Black women, I will emphasize the urgency of the interplay between their many lived experiences and mental health.

This research addresses the multiplicative factors that hinder the mental well-being of Black women. I analyze various barriers that affect different Black women's mental health. The

primary questions at hand are: 1) what are the societal and historical factors that negatively impact Black women's well-being, 2) where are gaps in knowledge and disconnects surrounding Black women and mental health, 3) how do Black women experience care and representation and 4) what does it mean for Black women to be mentally well? — collectively and individually?

Method

In this study, the mental health and well-being of Black women across the continuum of experience and identity is the focal point. Transdisciplinary discourse occurs in this research through scholarship across fields. Methods include Black feminist discourse analysis and close reading practices[11] to engage academic journals, books, media and memoirs. These texts encompass Black womanhood, mental health and wellness, and a multitude of contexts relating to societal problems and their lived experiences. Black women's knowledge production is at the center of this project. I sort the scholarship by the following subject matter: sociocultural history, representations, coping with mental symptoms, barriers and access, LGBTQIA+ identities, generations, and mental health approaches.

In employing an intersectional framework[12], this analysis consists of themes and will conclude with emphasizing the gaps in literature, knowledge, and awareness of the matter. Intersectionality, a term rooted in the experiences of Black women, refers to the realities and impacts of interlocking structures (Crenshaw, 1989; Collins and Blige, 2016, p. 2). I conducted database searches such as "Black women and mental health", "Black women strength", "African American woman mental health", "Black trans women mental health", "Strong Black Woman", and "Black woman well-being".

Literature Review

Existing literature is scarce. The erasure of Black women— particularly of non-cisgender and non-heterosexual women — is common within scholarly literature. It is rare for the literature of psychology to examine the difficulties that African American women face (Jackson and Greene, 2000, p. xiii). While this field of study surrounding Black women and mental health is growing, it often focuses on a certain niche — cisgender, middle-class, college-educated, heterosexual Black women (Bernard et al, 2017, p. 164; Bronder et al, 2014, p. 131; Jackson and Greene, 2000). Gaps in fields that approach mental health — psychology, sociology, social work — are often caused by a lack of acknowledging intersections. In reviewing the literature, I uncover six major themes: sociohistorical and sociocultural experiences of Black women, medical gendered racism[13], mental health (including sub-themes of misrecognition, bias, and access), representations (including sub-themes of the Strong Black Woman and Angry Black Woman), and the collective vs. individual definitions of Black women. Delving deeper into narratives, I bring the margins of the margins into mental health discourse.

Sociohistorical and Sociocultural Contexts of Black Women Experience

The plight of Black women in America concretely begins during the era of slavery[14]. Deemed black matriarchs, enslaved women were placed in a position of equality within their oppression — independence out of subordination (Davis, 1971, p. 4 and p. 8). They were producers both in the context of reproduction and business for masters. This productivity within subordination is perceived as independence. As an additional component of their oppression, sexual domination and assault by masters impacted the lives of enslaved Black women (Davis, 1971, p. 13). Many enslaved Black women both resisted and endured a multitude of traumatic

situations. Current day dips in a Black woman's wellness such as depression and anxiety, are connected to historical and societal factors.

Born from sociohistorical realities are a multitude of pigeonholed roles and inaccurate representations. To begin, the source of embodying strength and resilience as a Black woman begins during this period, through the embodiment of mammy[15]. Scholars define mammy as a desexualized, self-sacrificing, caretaker who happily cares for her master's family and her community without fatigue (Carter and Rossi, 2019, p. 290). Mammy navigated between the difficulties of being loyal to her master while protecting her community (Wallace, 1978, p. 21). Historical realities led to the myth of the superwoman (Wallace, 1978, p. 130).

Well-being and psychological strategy were rooted in being able to survive harsh predicaments (Davis, 1971, p. 7; Carter and Rossi, 2019, p. 293). Unfortunately, resisting these conditions was pathologized as mental illness, as the first asylum created for "lunatic slaves", was created in response to the actions of a Black woman (Ritchie, 2017, p. 91). Rebellion and resilience are roots that effect Black women mental health. Such terminology and concerning implications have been recognized recently, hence research surrounding the Strong Black Woman (SBW). The historical mammy figure manifests as the contemporary Strong Black Woman trope (Carter and Rossi, 2019, p. 289). The emergence of the Strong Black Woman trope, therefore, connects to the sociohistorical and gendered racism (Lewis et al, 2013, p. 53).

Medical Realm — Gendered Racism

Since the 17th century, Black women in America have been believed to have a superhuman endurance factor and pain tolerance[16]. Medical racism has historical roots, as Black women were experimented upon during enslavement[17]. Not only is medical racism present, gendered racism exists. Medical racism has many gendered forms[18]. Intersections of race,

gender, and medicine are present (Owens, 2018, p. 9). As a result, Black women are perceived to be more tolerant to pain — their well-being overlooked.

The presence of both a racial empathy gap and gender empathy gap doesn't bode well for Black women (Cooper, 2018, p. 93). As Cooper (2018) also mentions, there has not yet been a focus on Black women within pain-management studies (p. 93). This notion of pain connects the physical health disparities to the mental health care that Black women lack (Cooper, 2018, pp. 93-94). The effects of gendered racism on Black women is very understudied within the mental health realm. Intricacies in this narrative are trans, gender-nonconforming, and sexual identities (Ritchie, 2017, p. 93). Preconceived notions of mental instability are read onto individuals who identify outside of gendered and sexual norms.

Scientific racism present in the medical realm includes conceptions of mental health and disorder (Ritchie, 2017, p. 91). Within mental health spaces, even if Black women can articulate their mental struggles, they are often minimized or misdiagnosed (Mollow, 2006, pp. 71-73). When medical gendered racism intertwines with internalized stigma, mental health is in danger. For example, it has been stated that when Black women are prescribed medicine for their mental health, it is often stigmatized or believed that they are weak or that it is not necessary for them to have both in the eyes of their community and the medical realm[19]. Thus, as a Black woman shares in her narrative, if a Black woman is taking medicine for the pain that she is experiencing mentally, she keeps it hidden from those who are close to her (Hazzard and Picot, 2015, pp. 7 and 33). This is an arduous place, as Black women are rarely prescribed medicine for pain to begin.

Black women are commonly misunderstood in the medical realm. Impacts of gendered racism on deteriorating health are often ignored by both the individual and spaces (Jones and

Harris, 2019, p. 259). Some Black women internalize gendered racism parallel to withstanding pain and struggle, to the point of performing strength (Lewis et al, 2013, p. 53). Jones and Harris (2019) suggest that gendered racism should be accounted for by mental health professionals when supporting Black women (p. 259). While in its beginning stages, a few Black women scholars are uncovering the effects of gendered racism on Black women's mental health outcomes (Lewis et al, 2013 and 2016; Jones and Harris, 2019).

Mental Health

Mental illness and disorders have historically been connected to a multitude of marginalized identities connected to race, gender, and sexuality. For example, homosexuality was officially removed from the American Psychiatric Association (APA) as a disorder in the DSM until 1973, while trans and gender nonbinary identities are currently categorized as gender dysphoria[20] (DSM-V, 2013, p. 451; Jackson and Greene, 2000, p. 96). The definitions and classifications that are presented by the APA are slowly shifting over time. In conjunction, the APA's DSM-V has recently introduced a Cultural Formulation Interview (DSM -V, 2013). This Cultural Formulation Interview and other components of the DSM-V unfortunately are limited and contribute to gaps within the mental health field.

Mental health is now mainstream[21]. Recently, the Congressional Black Caucus featuring Taraji P. Henson held a hearing surrounding an *Emergency Task Force on Black Youth Suicide and Mental Health*[22]. Within a mainstream presence, traditional therapy, and psychoanalytical practices, often do not consider "race" an important issue, and as a result do not adequately addressed the mental-health dilemmas of black people" (hooks, 2015, p. 7). Further, when race is included in mental health research, gender and multiple identities are a footnote[23]. Mental health research that acknowledges gender often groups all women or women of color together.

Nevertheless, it is alarming to note that women of color are considered mentally unstable — a manifestation of racialized ableism (Ritchie, 2017, p. 91). Studies of this capacity further marginalize Black women from the narrative, as their experiences are unique in relation to both groups**.** Occurrences of mainstream advocacy, such as that of the Congressional Black Caucus is necessary to combat stigma and lack of care. It is important to emphasize the broad category of Black women experiencing different stressors and realities that impact their mental health (Lewis et al, 2016, p. 759; Spates, 2012, p. 5).

Internalization and Misrecognition

From 2001 to 2003 a rare survey was conducted where much data was gathered about Black people (Lacey et al, 2015). From this National Survey of American Life (NSAL), Lacey (2015) and her fellow researchers studied thousands of Black women who participated. It was found that 23.7% of Black women were experiencing anxiety, 12% post-traumatic stress disorder, and 39.9% overall mental disorder (Lacey et al, 2015, p. 4). Black women may experience depression, dysthymia[24], anxiety, or other mental imbalances, while being unable to recognize the symptoms (Martin et al, 2013, p. 3). Misrecognition of symptoms is common as there is limited awareness and access. It is being brought to the forefront that many Black women lack knowledge surrounding mental wellness. Recent studies have also begun to disseminate other ways that the mental health of Black women is impacted by factors. An exploratory study has raised attention to how John *Henryism*[25] may affect the well-being of Black women (Bronder et al, 2014, p. 130). Additionally, Black women may experience *impostor syndrome,* due to links between gender and race discrimination (Bernard et al, 2017, p. 161). Both *John Henryism* and imposter syndrome are linked to psychological distress. Further,

Black women may experience burn-out[26], as a result of misrecognizing symptoms or internalizing expectations.

Misrecognition and internalization have robust ties to a Black woman's commitment to resilience. Cultural and societal stereotypes encompassing strength are both projected on and internalized by Black women (Jackson and Greene, 2000, p. 17). Many Black Women self-identify as Strong Black women (Abrams et al, 2018, p. 521). A survey was conducted in 2018 where an overwhelming 80% identified as SBW (Abrams et al, 2018, p. 521). This shows that there are connections to truth but also a dangerous narrative to completely embody. Internalized by Black women, there are clear health implications to embodying this role, including poor mental health (Carter and Rossi, 2019, p. 298). Internalizing this trope can lead to depressive symptoms and psychological stressors (Abrams et al, 2018, p. 522). It is scary to think about what happens when a Black woman no longer considers herself strong or worse - when spaces write her off as unimportant or a danger when not perceived to be strong. Black women as a whole's pain is commonly overlooked and minimized due to medical and global views. There are many directions where a Black woman is informed to be strong, which impacts her community.

Internalized racism, homophobia and transphobia[27] can also negatively impact Black women's well-being (Jackson and Greene, 2000, p. 111). In thinking about this further, Black women across the spectrum are affected. All receive disadvantaged health care treatment due to a lack of care and cultural humility. Black trans women are often denied health care overall due to their multiplicative identity layers (Mock, 2014, pp. 136-137). This is seen in the inadequacy of mental health access, due to these barriers and discrimination.

Stigma, Barriers, and Access

> " I didn't consider that in the time in place I grew up, there was no mental health system, no social safety net. Even among educated people, psychiatry was suspect. Being mentally ill was something else you kept secret, if you could. If you couldn't, you suffered on top of the condition, being shamed and treated even worse by your family and neighbors. Nobody wants to be called "crazy" for real." (Lewis, 2017, p. 216)

There are many reasons why there is stigma and mistrust pertaining to the field and realities of mental health. Often mental imbalances are presented in a stigmatized and negative manner. Additionally, the social positioning of mental health is framed as white. One cause is that tropes that are perpetuated greatly affect Black women. For example, an article states that when Black women start taking Prozac for their mental health, there is grave concern for her environment, not her as a person (Mollow, 2006, p. 86). Therefore, stereotypes of stoic strength for Black women leads to stigma that Black women may have towards medicine, therapy, and other forms for mental health care. This is often also perpetuated within their communities. Further, stigma surrounding mental health struggles is also rooted in fear of being viewed as “weak”. In black life, suicide, like so many other illnesses and behaviors related to the realm of psychological breakdown, tends to be seen as the gesture of a “weak” person. (hooks, 2015, p. 80).

When Black women do seek therapeutic care, many hide their sessions from family and friends (Hazzard and Picot, 2015, p. 7). This is rooted in internalized stigma and shame. Additionally, a Black woman therapist has highlighted that many battle depressive episodes while keeping them at bay or hidden (Hazzard and Picot, 2015, p. 33). A study that analyzed Black women who met DSM-IV criteria for mental disorders shared that 47% combined

professional services and informal support (Sosulski and Woodward, 2013, p. 660). Most research and knowledge shares a deficit of professional mental health services for Black women. As Green (2019) emphasizes, many Black women suffer from underdiagnosis, misdiagnosis, and improper treatment for depression and other disorders (p. 266).

Within the realm of mental health, there are many barriers. There is both a breadth and depth to the realities that barriers pose. For example, misrecognition presents itself as a barrier because many Black women lack the support and language to express turmoil due to racialized framings of mental health struggles (Evans et al, 2017, p. 48). In relation to barriers, coping with mental health concerns may rely heavily on informal supports, religious coping and self-help (Ward et al, 2009, p.10). Much of the contemporary research surrounding Black women mental health omits coping styles that relate to gendered and culturally salient norms while highlighting stigma and lack of access to resources as barriers (Green, 2019, p. 266).

Discrimination and systemic oppression have placed barriers in the way of Black women seeking mental health care. Additionally, gendered racism, prescribed expectations of strength, and lack of knowledge by both medical professionals and individuals create barriers. For Black trans women, additional gendered barriers exist due to the recommendations of gender dysphoria in order to receive gender affirmation therapy and health care overall (Mock, 2014, p. 136).

For many, religion can act as a form of care or a barrier. As a form of care, church communities and spirituality may lead to comfort and future wellness (Reed and Neville, 2013, p. 398). Wharton et al (2018) share that the church can act as a physical and spiritual space for perceptions of mental health (p. 11). It is also important to note that religion and spirituality vary across belief systems that may not involve church. A 2014 study of Black women shows that both religiosity and spirituality can significantly relate to indicators of psychological well-being

(Reed and Neville, 2014, p. 396). As a barrier, religion may lead individuals to believe that they do not need to seek help. Organized religion often ignores mental health issues and shames those with mental illnesses, especially those who seek professional help (Evans, 2017, p. 31).

There are many historical, cultural, and societal components that have placed limitations on seeking care. Barriers present themselves with an underlying reality of cultural expectations. Further, barriers are often synonymous with lack of access to medical care, insurance, and resources. Due to stigma, barriers, and lack of access, many Black women turn to various forms of coping through community care. For example, Black trans women often support one another across generations through communities (Mock, 2014, p. 115). These Black women support systems are also known as sister circles and may tend to mental health (Evans et al, 2017, p. 81). There are many forms of care that are present, but commonly unknown to Black women. Therapy is not the only solution, for example a mindfulness-based intervention for African American women may be more accessible (Burnett-Zeigler et al, 2019, p. 700). Overall, there are a lack of mental health resources for Black Women, that are culturally competent and supportive. Research notes that “traditional" theoretical framework within psychology ignores the saliency of the myriad of Black women identities (Jackson and Greene, 2000, p. 63).

Black Women: Myriad of Experiences and Narratives

While there is growing research centering the mental health of Black women, those who are represented are quite narrow. Often, college-educated heterosexual cis-gender Black women are the focus (Lewis et al, 2013, 2016). In reviewing this newer body of literature, it is important to critically think about the wide-ranging experiences and identities of Black women across class/SES, education, age, gender, and sexuality. In addition, generations and geography greatly impact the beliefs and identities that a Black woman may hold.

The experiences of Black Women are affected by age and socioeconomic status. Age is often connected to perceptions of mental health and professional care. Wharton et al (2018) share research suggesting African American older adults are as much as 44% more likely to struggle with depressive symptoms than their white counterparts (p. 4). A study found that African American women over age 50 are less likely to participate in therapy than those under age 50, as a form of care (Ward et al, 2009, p. 2). How age and religion intersect within black communities may affect mental health perceptions, care, and beliefs (Wharton et al., 2018). Age and socioeconomic status may also be connected to intergenerational trauma and genetic predispositions, due to systemic barriers that pose as obstacles for Black women. (Green, 2019, p. 270 and 282).

There is limited research regarding the lives of Black trans women and others who do not fit into a certain category of Black women. Black trans women are further marginalized in the conversation surrounding mental health and well-being. Most research done about Black women and trans individuals often does not include Black trans and gender non-binary experiences. Few researchers have noted the historical negative implications that the mental and medical health realm has had on trans women. Additionally, it has been noted that there is almost nonexistent literature of Black women who identify as LGB (Jackson and Greene, 2000, p. 82 and 85). Further, Trans and Queer are commonly left out of the narrative.

Black trans women are viewed as mentally unstable by medical professionals and law enforcement which leads to dangerous presumptions and treatment (Ritchie, 2017, p. 94). Their trans identity is still characterized as gender dysphoria — a mental illness by the APA (DSM-V, 2013). This further complicates the true well-being of Black trans Women. As a result of both medical and societal phobias and discrimination, their wellness is often negatively impacted.

These diagnoses stigmatize transsexual patients as mentally unwell and unfit (Mock 2014, p. 136). Due to internalized systemic oppression, people who identify as trans have higher rates of suicidal ideation, self-harming behaviors and depression. A 2007 study of trans women shared that 58% experienced suicidal ideation, while 62% experienced depression (Wilson et al, 2014 p. 183). It is important to consider that this study is 13 years dated and did not specifically break down trans women by race. Perceptions of mental instability based on race, gender, gender nonconformity, and sexuality impact the lives of Black women (Ritchie, 2017, p. 94).

Within mental health conversation and research, experiences of trans, non-binary and/or queer Black women are commonly excluded. “A limited number of studies have documented mental health characteristics of Black sexual minority women alone or in comparison to other sexual minority groups. Those studies reporting prevalence data have suggested a high level of depression and barriers among Black sexual minority women (Matthews and Hughes, 2001, pp. 80-81). For example, 32% and 38% of two national samples of Black sexual minority women reported recent symptoms consistent with at least mild depression, and 47% of a community sample of Black sexual minority women met diagnostic criteria for depression at some point during their lifetime (Calabrese et al, 2014, p. 2). African American lesbians and bisexual women have also been noted to have a greater likelihood of experiencing tension and loneliness but were seen as less likely to seek professional help (Jackson and Greene, 2000, p. 85).

Representations and Controlling Images

Representations, stereotypes, and controlling images may negatively impact Black women’s well-being. As scholars have noted, the image of the strong, self-sacrificing Mammy, for instance, has been institutionalized through books, movies, and folktales (Jackson and Greene, 2000, p. 227). A paucity of research and professional literature exists regarding the

impact of stereotypes (e.g., Sapphire, Mammy, Superwoman, and Jezebel) on psychotherapy and mental health treatment (Ashley, 2014, p. 30). There are many harmful narratives of Black women circulating. Stereotypes surrounding strength and hyper sexualization induce trauma and affect the self-images of Black women (Jackson and Greene, 2000, p. 73 and p. 196). Negative, distorted, and absent images throughout centuries present Black women with unhealthy outcomes that lead to trauma (Jackson and Greene, 2000, p. 126).

In medical settings, because media and popular culture perpetuates stereotypes in ways that foster the notion that these myths are accurate representations of certain groups, these stereotypes are likely to influence the professional's perception of their clients (Ashley, 2014, p. 28). In being a part of a target group, simply being aware that stereotypes about Black women exist and that others may consequently judge their behavior against them may be sufficient to generate stress and anxiety (Jerald et al, 2017, p. 488). Within a case study, scholars Jerald et al (2017) exercise a modified version of the nine-item Strong Black Woman Scale Endorsement to show that for Black women, their mental health can be negatively impacted even if not internalized (p. 490).

Additionally, representations of Black women's mental health are very limited. They are often presented in the extreme as having "lost all bearings" as angry — *Diary of a Mad Black Woman*; or as a Black Superwoman — *How to Get Away with Murder* (Evans et al, 2017, p. 63). These visible representations can negatively impact the actual well-being that is present. It is rare to see depictions of Black Women experiencing mental health as the film as in *Out of Darkness (1994)*[28] starring Dianna Ross. Though there is much media reinforcing the general socialization of Black women to not feel vulnerable or seek professional help, shows like *How to Get Away with Murder* and *Being Mary Jane* are attempting to dismantle the narrative (Junior, "Don't We

Hurt Like You?"). As Evans colleague Burton (2017) shares, these positive representations have slowly but powerfully been presented in mainstream. For example, Being Mary Jane has been a front runner in showcasing the mental exhaustion and fragility that Black women may experience. (Evans et al, 2017, p. 69). Additionally, through shedding a light on the Black Superwoman schema, *How to Get Away with Murder* has been able to reflect and raise awareness of societal and community expectations of Black women and mental health (Evans et al, 2017, p. 71).

There is a lack of multidimensional narrative representation. Overreliance on tropes and stereotypes within media can impact Black women's self-image. It is rare to see wide-ranging images due to typecasting (Henson, 2016, p. 21). Additionally, Black women's hair is included within the controlling images as is closely tied to respectability, stereotypes and discrimination (Cooper, 2018, pp. 147-148). Within these controlling images is misogynoir and trans misogynoir. Trans women are often depicted in dehumanizing ways, which impacts self-perceptions and mental health (Mock, 2014, p. xiv). Additionally, if the media does positively represent trans people, race and class are not present (Mock, 2014, p. 119). The impacts of tropes targeting Black women who identify as LGBTQIA+ in particular is vastly understudied. Depictions that don't rely on tropes has a material bearing on Black women.

Controlling narratives of the Strong Black Woman and angry Black woman also impact the well-being of Black women. The icon of the StrongBlackWoman has emerged as the hegemonic Black femininity which is portrayed in pop culture (Evans et al, 2017, p. 43). As a result of many negative images, many Black women perform a "culture of dissemblance". As Darlene Clark Hine has coined, Black women believe that they do not have the space to be vulnerable or "fall apart" in the public eye (Cooper, 2018, p. 101). This results in holding

unhealthy emotions and realities inside. bell hooks (2015) shares that there is also often an art of dissimulation that leads to mental stress and illness (p. 17). As Lewis (2017) shares about her own personal story, wearing a mask in connection to these internalizations leads to unhealthy outcomes – it has to be ripped off[29].

As a way to dismantle unhealthy images, Black women have been making strides to represent themselves. Black women are attempting to self-define and re-define in order to combat unhealthy representations (Mock, 2014, p. 172; Henson, 2016, p. 235). Black women experience structurally imposed trauma due to these images and treatment (Cooper, 2018, p. 110). This structurally imposed trauma negatively impacts mental health and well-being.

A handful of Black women celebrities are mental health advocates in the public space who also demonstrate the complexity of privately struggling (Evans et al, 2017, p. 63). It is important to emphasize that these representations come in many forms and mediums. For example, Bebe Moore Campbell[30] and other Black women authors practice storytelling to raise awareness of mental struggles that everyday Black women face.

Strong Black Woman and her Legacy

Although contemporarily the Strong Black Woman (SBW) and Superwoman Schema are considered tropes, there are historical roots connecting to contemporary truths and embodiment (Abrams et al, 2018, p. 519; Carter and Rossi, 2019). The SBW is a manifestation of the figure mammy, a reality for many Black women during slavery (Carter and Rossi, 2019). Wallace (1978) gives us the term “Superwoman” in 1978, while Regina Romero first utilizes “strong Black woman” in 2000 within psychological literature (Evans et al, 2017, p. 44). The pervasive nature of the SBW ideology has served to marginalize and control Black women’s physical and mental health (Carter and Rossi, 2019, p. 291; Evans et al, 2017, p. 44). For a Black woman,

strength often becomes performative and a way to navigate. As we are discovering, this ultimately comes with health consequences.

As a legacy that is embodied, the Strong Black woman trope is reflected across age and generations. For example, Green (2019) shares, many Black women seem to embody a "strong like my momma" mindset. This may exacerbate to mental health issues such as depression and suicidal ideation if the construct of the SBW is unhealthily embodied across generations (Green, 2019, p. 267). Carter and Rossi (2019) also note that generational transmission of being superwoman from family and community members as well as the media is present (p. 296). Oshin and Milan (2019) have recently brought into contemporary research the fact in which the SBW complex may influence the ways in which a Black mother instills values into her children.

Angry Black Woman — "Mad" or "Crazy"

> "Learning to manage one's rage by daily tamping down that rage is a response to routine assaults on one's dignity in a world where rage might get you killed or cause you to lose your job. Mrs. [Michelle] Obama had to learn this lesson quickly, and on the national stage, after being accused and publicly caricatured as an Angry Black Woman when Mr. [Barack] Obama ran for his first term." (Cooper, 2018, p. 151)

The "angry Black woman" mythology presumes all Black women to be irate, irrational, hostile, and negative despite the circumstances that they endure (Ashley, 2014, p. 28). Previous research shares that the angry Black woman trope has historical roots that are often internalized. For example, projections of the angry Black woman stereotype can lead to both the experiencing and anticipating of anxiety (Ashley, 2014, p. 28).

In making a connection between literature and the state of Black women, angry and mad are interchangeable. The congruence of the two terms connects the frustration linked to social inequity and its impacts on mental and emotional well-being. Further, mad has been linked not only to frustration, but is a term used when referring to mental health.

It is important to note that clinicians unaware of the potency of the angry Black woman mythology may miss or misinterpret data, symptoms, and observations of Black women; as a result, assessment, diagnostic formulation, and treatment for this population may be compromised. (Ashley, 2014, p. 28). Ashley (2014) states that previous authors believe that acknowledgment of race and racial conflicts is critical to the success of psychotherapy (p. 31). Additionally, Ashley (2014) notes that West (1995) asserts that optimal treatment with Black women includes encouragement in manifesting and confronting anger as well as development of culturally appropriate assertiveness strategies to increase awareness of the impact of internalized stereotypes in the expression of emotionality (p. 31 and p. 33).

Further, projections of the angry Black woman trope causes Black women to be read as dangerous, a threat, or crazy. Ritchie (2017) and Collins and Blige (2016) postulate that this can lead to deadly outcomes when Black women are placed in the hands of the law and spaces of power (p. 90; p. 151). Currently, there is a lethal connection between police interactions, Black women, and mental health (Ritchie, 2017, p. 91). Black women are often viewed as an "agitated black woman" or "crazy black woman" (Collins and Blige, 2016, p. 151). Though no official statistics exist, both actual and perceived mental health crises have led to deaths of Black women across gender identity, age, and class (Ritchie, 2017, p. 91; Cooper, 2018, p. 103). There have been cases where a Black woman was killed due to being perceived as a threat with what was believed to be mental instability linked to anger and identity (Ritchie, 2017, p. 91). This hidden national crisis leads many Black women to be in a state of fear when encountering police or experiencing a mental health issue. This is also rooted in the historical positioning between Black women and those with power.

Black women are expected to use anger for the other people's salvation or learning - not for their own survival (Lorde, 1984, p. 132). This is a grave reality. Moreover, social injustice may activate survival behaviors that reinforce the angry Black woman stereotype (Ashley, 2014, p. 29). Black women have historically incited social change through frustration with oppression being synonymous with strength (Ashley, 2014, p. 29). As Williams (2001) notes, although anger can be clarifying and cathartic if exerted effectively, it can also initiate or exacerbate mental health symptoms if it is denied and swallowed in the interests of survival (Ashley, 2014, p. 31). To counter the inaccurate components of the Angry Black woman trope, many have wielded their emotions to reclaim themselves. Lorde (1984) asserts that focused with precision, anger is useful against oppression in order to enact change (p. 127). Redefining both anger and mad for Black women, can create positive mental health. As Cooper (2018) shares, an "orchestrated fury" is powerful when expressed for change and livelihood through the utilization of eloquent rage (pp. 168-169).

Limitations

With a myriad of identities that a Black woman may have, it is difficult to truly examine the impacts on their mental health in one study. It is beneficial for future research to conduct studies that home in on the various implications and stressors that occur. Future case studies, surveys and interviews will be ideal. Because the problem is understudied, published quantitative research is finite. This study is limited in that it focuses majoritively on knowledge producers who are celebrities or college-educated with academia research capabilities. It is essential to have marginalized individuals within the category of Black women share their stories. There are complexities and layers that lead to the urgency of the state of Black women's mental wellness.

Discussion

Black women's knowledge production has been leading the subfield of Black women and mental health research. This qualitative research synthesis extends the body of work on the wellness and mental health of Black women by accounting for impactful factors. When Black women are assumed to have a mental illness, they are read as dangerous. This, along with stereotypes that are internalized, causes Black women to fear the possibility of not being well. This leads to displacement, disbelief, denial, and ignoring underlying hurt. Black women's mental well-being is essential and thus injurious factors need to be addressed.

Mental illness are ascribed to certain populations on the basis of their identities. Black women are especially susceptible, as they hold multiple marginalized identities. While the denotation of mental health is narrow, there are connotations that reframe the normality of the term. Utilizing mental health as a term centers the well-being of individuals and includes those who do not necessarily have an illness or disorder as defined by the DSM-V. It is crucial to raise awareness of the social issue of Black women's mental health. Systemic, historical, and contemporary factors contribute to mental imbalances that Black women may have such as depression, anxiety, and trauma related struggles.

Addressing Erasure in Current Studies

There are barriers, lack of access and autonomy surrounding being a Black woman, especially with multiplicative identity markers. Due to the narrow research that is present, it is difficult to discover current quantitative data that specifically address Black women's mental health. The well-being of Black women is fundamentally understudied. Currently the most detailed and wide-ranging data is from the 2001-2003 National Survey of American Life (NSAL[31]) (Lacey et al, 2015). This NSAL survey is commonly used by researchers to further

analyze its Black women participants. Beyond NSAL participants, most other data is drawn from college Black women. There is currently very little quantitative research regarding the mental health of Black women across experiences. Much of the quantitative researches conducted narrowly center college-educated individuals who identify as Black women (e.g. Lewis et al, 2013, 2016). Black trans women, are often erased from both newer literatures surrounding the mental health of trans people as well as the literature focused on Black women.

Resources, Care Frameworks, and Support

So many are not privileged enough to have health insurance that covers mental health services (Hazzard and Picot, 2015, p. 36). There are emerging responses and resources for the well-being of Black women. hooks (2015) asserts that for Black women and collective self-healing, they should contribute inventing all manner of images and representations that show us the way they want to be and are (p. 62). In congruence with Cooper's (2018) orchestrated fury, Black women have been working towards creating collective and organizational mental health awareness for themselves and their communities. As a result of the advocacy of Bebe Moore Campbell, July is now Minority Mental Health Awareness Month. Additionally, Taraji P. Henson, Dr. Joy Harden Bradford[32], and other Black women advocates are utilizing rage and passion to take strides towards mental health care access for Black women both organizational and community-wise. There are positive ideological shifts through the years and across generations of Black women that are enabling more transformative care.

The large knowledge deficit about different care options must be challenged. Black women are often unaware of possibilities beyond therapy or medication, as these two methods are commonly presented as being the only palliative ways for care. There are many strategies, resources, and models that can be implemented via communities, circles, and social media

(Evans et al, 2017, pp. 77-78). Continued collective community support is key for the well-being and care of Black women. Memoirs can also be exercised as tools for the wellness of Black women mental health (Evans, 2014, p. 118). Mindfulness techniques, breathing, meditation and support animals are also resources for promoting well-being (Carter and Rossi, 2019, p. 297). When tools are implemented in a greater fashion, both in everyday lives and the medical realm, harmful experiences and outcomes can be minimized. Further is to be discovered about curative care techniques. Preventative care surrounds acknowledging that there are systematic pressures that need to be alleviated for Black women.

Both Carter and Rossi (2019) as well as Jackson and Greene (2000) touch upon feminist therapy implementations in psychotherapy (p. 295; p. 94). Feminist therapy is considered an empowerment-based approach (Carter and Rossi, 2019, p. 294). Practitioners of psychodynamic therapy should look to not only feminist therapeutic techniques, but Black feminist frameworks. Using Black feminist frameworks and cultural competency will lead to greater care for Black women both inside and outside of medical mental health spaces. Scholars of Black feminist theory, Jones's and Harris's (2019) recent research shares a grounding framework for Black feminist analysis of mental health practice within theory and praxis.

As community focused researchers have found, there are organizations and programs that specifically tend to the mental health and wellness of Black women. These are utilized as forms of collective care and nurturing, due to the unique experiences that Black women endure and the lack of support within the larger realm of care. It is pertinent to recognize responsibility for the safety and well-being of Black women (Cooper, 2018, p. 89). Every kind of Black woman should be able to live freely and have true well-being (Cooper, 2018, p. 124). There needs to be more of a public focus as much research misses community populations of Black women.

Cultural Competency in Mental Health Services

Finding a therapist or mental health counselor should not be like "finding a purple unicorn" as Taraji P. Henson has shared regarding her own struggles to seek care[33]. Cultural competency, affordable access, and humility need to be present within the mental health realm. In considering celebrity experiences, one must be critical but receptive in recognizing these experiences across Black women are not monolithic, due to multiplicative identities and structures. Black women should be taken into account, especially because there is an increase of mental health dangers at the intersections of marginalized identities.

One way to enhance support for Black women in the mental health realm is to implement cultural competency and awareness. The DSM-5 lacks in true cultural competency, as its cultural formation interview is not the only option for awareness. Stepping back from the DSM-5 and mental practice, overall acknowledgment and access are essential. Even when Black women recognize that they may like to seek mental health services, often stigma, biases and access present themselves as barriers. Mental health facilities are in dire need to combat obstacles that are barriers to services. Medical options and insurance are also tasked with considering access and cultural competency barriers. Due to cultural and societal components, Black women have individual perceptions and reservations regarding mental health care. Thus, it is important for community and health spaces to practice cultural humility through comfortability and understanding.

Future Spaces for Research

More research pertaining to how mental health symptoms manifest in Black women should be conducted (Evans, 2017, p. 219). Because Black women are in a unique position, their mental health outcomes can vary from DSM-V definitions. Quantitative research will be key to

investigate specific mental illnesses in which Black women are more prone (Evans et al, 2017, pp. 287-288). Further inquiry should be conducted pertaining to impacts of the "Angry Black Woman", as more information has surfaced regarding the "Strong Black Woman".

Multiple studies across disciplines should occur to investigate complexities of Black women more broadly. One way to pursue these needed lines of research is to interview Black women who are not seeking professional services, who are seeking services, or are mental health practitioners. Intersectional critique and praxis are necessary for promoting access and change. Future research should include surveys and interviews which center voices of Black women across different experiences and interlocking identities**.** For example, the mental health of LGBTQIA+ identifying Black women is an area where more research is needed. Black girls [34] mental health studies are another pertinent space for future research. Greater consideration and research should also be conducted to explore the correlations between physical and mental health of Black women.

Conclusion

It is crucial to acknowledge that resilience should not be equated to unbreakable or unharmable — Black women can hurt and experience trauma. Their experiences of trauma and barriers cannot be ignored by saying that Black women as a collective are always strong or resilient. They are human. Black women are vulnerable. Backs may not reach the final break, but many constantly bend. Bending often leads to the detrimental break.

Essential recognition that Black women are individuals with a multitude of lived experiences is key. Black women experiencing strength as an asset and liability is taxing on the mind. There is much purpose, necessity and urgency surrounding the need to create a forward

future for the wellness of every kind of Black woman. This begins by raising awareness of this crucial issue and being accountable. There is much left to be done. The ultimate goal is wellness — Black women having the space to thrive and not merely survive.

End notes

[1] In Jennifer Lewis's memoir, *Mother of Black Hollywood*, there is an image of Lewis with the caption: "Gorgeous, yes. But this is what depression looks like" (Lewis, 2017, photo pages)

[2] A personal narrative shares depressive episodes can be hidden by Black women (Hazzard and Picot, 2015, p. 33)

[3] In *Sisters of the Yam,* hooks (2015) argues on p. 15 that cultivating an art of dissimilation has also created an over-valuation of "appearance" in black life. Additionally, hooks states this is linked to denial where psychic conditions lay the groundwork for mental stress, mental illness (p. 17).

[4] See page 523 of Abrams et al, 2018

[5] In *Sisters of the Yam* (2015, p. 35), bell hooks states a strong claim: " Since many people rely on powerful black women in jobs (unwittingly turning us into "mammies" who will bear all the burdens - and there are certainly those among us who take pride in this role), we can easily become tragically over-extended". Also consider Medical Bondage (Owens, 2018).

[6] The category of Black woman here women will consist of gender (cis/trans/non-binary), sexuality, age, spirituality and socioeconomic status.

[7] See p. 114 of *Sister Outsider* (Lorde, 1984)

[8] See p. 2 "*The Missing Link*" (Spates, 2012) or https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4274585/, for schizophrenia; Briggs, L. (2000). "*The Race of Hysteria: 'Overcivilization' and the 'Savage' Woman in Late Nineteenth-Century Obstetrics and Gynecology.":* 246–73. for hysteria; Mock (2014) p.136 for gender dysphoria; For mentally inferior, see page 51 of hooks *Sisters of the Yam,* (2015).

[9] Identity marker definitions - Retrieved from Human Rights Campaign "Glossary of Terms", March 16th, 2020

a. LGBTQIA+- An acronym for "lesbian, gay, bisexual, transgender, queer, and [intersex, asexual, + is utilized as an umbrella)."
b. Queer - A term people often use to express fluid identities and orientations. Often used interchangeably with "LGBTQ."
c. Sexual Orientation (Sexuality) - An inherent or immutable enduring emotional, romantic or sexual attraction to other people.
d. Gender- The attitudes, behaviors, norms, and roles that a society or culture associated with an individual's sex, thus the social differences between female and male; the meanings attached to being feminine or masculine. *(Kenton. Open Education Sociology Dictionary, Retrieved March 20th, 2020)
    1. Cisgender - A term used to describe a person whose gender identity aligns with those typically associated with the sex assigned to them at birth.
    2. Trans (Transgender) - An umbrella term (trans*) for people whose gender identity and/or expression is different from cultural expectations based on the sex they were assigned at birth. Being transgender does not imply any specific sexual orientation. Therefore, transgender people may identify as straight, gay, lesbian, bisexual, etc.

3. Gender Identity - One's innermost concept of self as male, female, a blend of both or neither – how individuals perceive themselves and what they call themselves. One's gender identity can be the same or different from their sex assigned at birth.

[10] see Carter, L., & Rossi, A. (2019) for more details about mammy, SBW, jezebel, and sapphire

[11] For Black feminist close reading practices see *A Black Feminist Interpretation: Reading Life, Pedagogy, and Emilie* – by Gist (2016) p. 253. In addition to p. 4 of And Feminist originalism: Intersectionality and the politics of reading Jennifer C. Nash George Washington University, USA DOI: 10.1177/1464700115620864

[12] Intersectionality and intersectional framework - See Collins and Blige *Intersectionality* (2016)

[13] The term gendered racism was originally coined by sociologist, Philomena Essed (1991) and refers to the simultaneous experience of both racism and sexism. (Lewis et al, 2013, p. 53)

[14] Black women in the era of slavery – see Davis, 1971

[15] Page 290 of Carter's and Rossi's (2019) journal shares definitions of mammy from prior scholars such as "mammy is a desexualized and nonthreatening figure empowered and revered as a matriarch in the community but oppressed by the larger White patriarchal system."

[16] See pages 9-10 of *Medical Bondage* about black women, pain, and gynecology (Owens 2018).

[17] Owens (2018) places into historical and modern-day context medical racism's roots. See page 125 of *Medical Bondage.*

[18] Consider Mock (2014); Jones, L. V., & Harris, M. A. (2019) references to gender, race, and the medical realm

[19] *When Black women start going on Prozac, The Color of Hope,* and *Mother of Black Hollywood: A Memoir* address this

[20] Gender Dysphoria - *Formally the term gender identity disorder, is said to be a descriptor of cognitive discontent and distress relating to incongruence of expressed and assigned gender* (DSM -V, 2013, p. 451).

[21] See http://www.mainstreammentalhealth.org/

[22] See Congressional Black Caucus hearing featuring Taraji P. Henson: https://www.c-span.org/video/?461507-1/youth-mental-health-suicide-risk

[23] NAMI's website provides a general overview of African-American Mental Health, https://www.nami.org/find-support/diverse-communities/african-americans

[24] Dysthymic Disorder (dysthymia) - refers to a chronically depressed mood that occurs for most of the day more days than not for at least 2 years. (Martin et al, 2013, p. 3)

[25] John Henryism - determination to succeed through hard work in the face of great adversity (Bronder et al, 2014, p.116)

[26] bell hooks speaks to burn-out that Black women experience on pages 36 and 83 of *Sisters of the Yam* (2015).

[27] Addition by author Campbell (2020)

[28] *Out of Darkness* (1994). March 5, 2018 / TV Movie, rarefilmm the cave of forgotten films. Retrieved April 8, 2020, from https://rarefilmm.com/2018/03/out-of-darkness-1994/ centers the life of a Black woman experiencing schizophrenia

[29] Lewis (2017), " I was dismissing the Diva, ripping off the mask to show my true self." p. 238; *Sisters of the Yam (2015, p. 80),* hooks - " Although depressed black females may completely withdraw private life, in the public realm we will often continue to present a mask of "normalcy" even when we know we are suffering life threatening "blues" .

[30] Bebe Moore Campbell is the author of *72 Hour hold: a novel* (2006) and other novels centering Black women, mental health, and their families

[31] "The National Survey of American Life (NSAL) is the most comprehensive and detailed study of mental disorders and the mental health of Americans of African descent ever completed" https://scholar.harvard.edu/files/davidrwilliams/files/2004-the_national_survey-williams.pdf ; (Also has a Self-Administered Questionnaire) https://www.researchconnections.org/icpsrweb/instructors/studies/27121

[32] Taraji P. Henson and a second Black woman founded the https://borislhensonfoundation.org/ to raise mental health awareness and increase support. Dr. Joy Harden Bradford is a psychologist and founder of *Therapy for Black Girls*

[33] See Taraji P. Henson interview 2018, *Taraji P Henson on her Foundation, mental health & changing lives https://youtu.be/M3cuYGdZoZY*

[34] *Pushout: The Criminalization of Black Girls in Schools* by Monique W. Morris and https://pushoutfilm.com/

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